



Pre-ETS Referral Form

*Required Fields

Student Information

*Name: _____ SS#: _____

*Date of Birth: _____ Gender: _____ Disability Documentation: _____

Race: _____ Ethnicity: _____

*Home address: _____

*City: _____ *Zip Code: _____ *County: _____

*Phone Number: _____ Email: _____

*Name of School: _____

Parent/Guardian Information (if applicable) Name: _____

Home Phone, if different from student: _____ Cell: _____

Email: _____

*Agency Making Referral

Name: _____ Position: _____

Email: _____ Phone: _____

Accommodations for initial meeting with VR Staff:

Do you require an American Sign Language interpreter? Yes

Do you require an assistive listening device? Yes

Do you required translated documents? Yes

Do you require a foreign language interpreter? Yes

Do you require any other accommodation for your impairment? Yes

If yes, please explain: _____

*Transition Youth Services Requested (Check all that apply)

Job Exploration Counseling (includes discussions on the student’s vocational interests, the labor market, and identification of career pathways)

Work Readiness Training (A 20 hour course that focuses on employability and work readiness skills)

Self-Advocacy Training (A course that teaches students how to speak up for themselves and make decisions about their own lives)

Postsecondary Educational Counseling (provides an awareness of post-secondary career pathway options with job and career information) * Service is not currently available

Work-Based Learning Experiences (includes hands on training for employability skills; may be paid or non-paid)

